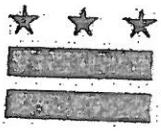
DCRA EXHIBIT C

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Health Care Regulation
& Licensing Administration



MEMORANDUM

TO: Sharon H. Mebane
Program Manager

THROUGH: Laura Hunte
Supervisory Health Services Program Specialist

FROM: Michael D. Walker
Sanitarian, QMRP

Roland Follot
Sanitarian, QMRP

DATE: March 8, 2013

SUBJECT: Senior Dwelling

INTRODUCTION AND BACKGROUND

On January 30, 2013, at 9:34 a.m., the Department of Health, Health Regulation and Licensing Administration, Intermediate Care Facilities Division (DOH/HRLA/ICFD), received an email from Kevin Carter, supervisory investigator from the Department of Consumer and Regulatory Affairs (DCRA). The email inquired as to whether or not ICFD would investigate Senior Dwelling, a licensed rooming house that was owned and operated by Rosemary Ogbenna. The string of emails revealed that the Office of Attorney General (OAG) was receiving complaints alleging that the Senior Dwelling (licensed rooming house) located at 225 & 223 56th Pl., N.E., 4910 1st St., N.W., and 5033 North Capitol St., N.E. was operating as a Community Based Residence Facility. It was also alleged that the owner, Rosemary Ogbenna, was administering medicine and/or attending to other health needs of the residents.

Previously, HRLA/ICFD had conducted preliminary investigations following complaints received from the community. Investigators visited each of the four aforementioned addresses on June 17, 2009, November 16, 2009 and December 28, 2009. Each time, however, only limited information was obtained due to jurisdictional access. More recently, investigation into the death of one of the residents revealed negligent care on the part of home health aides and the

supervisory nurse that were assigned through a Home Care Agency to provide health care services for the individual.

On January 31, 2013, HRLA/ICFD and the Department of Consumer and Regulatory Affairs (DCRA) Compliance Division conducted a joint investigation to determine if Senior Dwelling was operating community based residence facilities at 225 & 223 56th Pl., N.E., 4910 1st St., N.W., and 5033 North Capitol St., N.E. The findings of the investigation were based on observations at the rooming houses, interviews with residents, facility and administrative staff, and the review of clinical records. In addition, telephone interviews were conducted with social workers at local nursing homes and/or hospitals as well as one resident's legal guardian.

FINDINGS

On January 31, 2013, an onsite investigation was initiated at 223 and 225 56th Pl., N.E. A chain and padlock prevented access to the front door of 223 56th Pl. Upon entry to 225 56th Street, a sign was posted that identified the three story duplex house as "Senior Dwelling." Inspection of the house revealed that it shared a common living room with 223 56th Pl., N.E.; a cut had been made to open the wall separating the living rooms of the two adjoining homes. They each had approximately 6 bedrooms and separate kitchens. Further inspection of the houses revealed video cameras located throughout the common areas of each house.

At the time of the inspection, there were 5 residents and 4 home health aides in the home. Also present at the time were a nurse from the Veteran's Administration Hospital and the resident director.

Interviews: WITH RESIDENTS (R) NURSE FROM VA PRESENT

(R) ✓ *, a male resident of 225 56th Pl., NE, was interviewed on January 31, 2013, at approximately 11:20 a.m., while in his bedroom sitting on his bed. During the interview the nurse/case manager from the Veteran Administration (VA) Hospital was present and was observed dispensing medications into a 7- day pill box. A home health aide (HHA) was also present at the time of the interview. The interview with was extremely difficult due to his low voice tone and unclear mumbling. He responded with no more than 2-word answers to the questions. The following is a synopsis of his interview:*

- stated that "I don't know" how long he had been living at 225 56th Pl., N.E., When asked if he liked living there, responded by saying, "It's alright." Mr. ated that he did not have any family and was unaware of who referred him to the facility. He could not identify or name the contact person at the residence.

- stated that he did not receive any services and did not know the name of his HHA. He stated that he received medications and that they were kept in a drawer.

- did not give any response to questions regarding his finances. He was unable to identify his income or the person responsible for managing his finances. Also, he did not know how food or personal belongings were purchased.

Victory NKegoa, home health aide (HHA) fo *is, was interviewed on January 31, 2013, at approximately 11:25 a.m. The following is a synopsis of her interview:*

- Ms. NKegoa stated that she worked for T&N Reliable home care agency. She had been working with *is* as his HHA for a couple of months. She was assigned to work with him 5 days a week, 9:00 a.m. to 5:00 p.m. She did not know how long had been living at this facility, and she did not know how he was referred to the facility.

- Ms. NKegoa stated that her duties and responsibilities consisted of preparing food, cleaning the room, bathroom, laundry, medication reminders and assisting Mr. Davis with activities of daily living. She reported that a registered nurse (RN) visited at least monthly to supervise her and to assess *s*'s vital signs and medication regimen.

- Ms. Nkegoa stated that she did not know whether *vis* had family involvement. She did not know who managed his finances, and referred the investigator to Rosemary Ogbenna (owner) for further information concerning *N* *s* finances. When asked who purchased food and other personal items for *is*, she stated that Ms. Ogbenna took *s* to the grocery store.

Karen Cooper, case manager/registered nurse (CM/RN) for *, was interviewed on January 31, 2013, at approximately 11:30 a.m. The following is a synopsis of her interview:*

- Ms. Cooper stated that she did not know how long. *s* had been residing at this home. She believed he had been referred by the VA hospital, but was unsure.

- Ms. Cooper stated that she was the CM/RN assigned to *is* from the VA hospital. She visited him weekly to package enough medication for the week. She was responsible for taking *to* medical appointments and she administered Risperdal injections every 2 weeks. Ms. Cooper reported that *had* an emergency supply of medication for inclement weather underneath his bed.

- Ms. Cooper stated that she did not know who the representative payee was for *is*. She expressed concerned that there was no phone with a land line in the home. If she needed to contact *s*, she would call the HHA on duty.

was a year old male with diagnoses that included schizophrenia, back pain, hypertension, hypercholesterolemia, insomnia, mood disorder, colon polyps and congestive heart failure. *'s* plan of care (POC), dated 8/30/12, reflected that the RN visited every month for assessment of all systems and supervision of the HHA. HHA services were ordered for 8 hours daily, 7 days a week for 6 months. At the time of the assessment, the POC indicated that *N* *s* mental status was disoriented. The POC also reflected that the "patient lives in a group home which is staffed at all times. Patient has a phone to call in case of emergency... Patient receives most his support from Rosemary who is his house manager."

is medication regimen included the following:

Medication/treatment	Route	Dose	Reason
Acetaminophen	by mouth	500 mg three times daily as needed	Pain
Amlodipine	by mouth	10 mg daily	Hypertension
Atenolol	by mouth	25mg daily	Hypertension
Quetiapine fumarate	by mouth	100 mg ½ tab at bedtime	Schizophrenia
Simvastatin	by mouth	40 mg ½ tab at bedtime	Cholesterol
Docusate	by mouth	100 mg daily	Stool Softener

(R) ✓

son, a resident of 225 56th PL, N.E., was interviewed on January 31, 2013, at 11:40 a.m., while sitting in the living room, watching television. During the interview, an HHA was observed with him. The following is a synopsis of his interview:

- on stated that he had been living at this facility for one year. He stated that he came from the VA hospital and that he did not have any family.

- on did not respond when asked what services he received from his KBC HHA. He did not respond to any other questions for the remainder of the interview, including questions regarding his finances.

✓ *Joseph Betanga, HHA for on, was interviewed on January 31, 2013, at approximately 11:45 a.m. The following is a synopsis of his interview:*

- Mr. Betanga was observed wearing a badge for T&N Reliable home care agency. However, he stated he was assigned to work with on by KBC home care agency. He clarified that his KBC assignment was here with M n 8:00 a.m. to 4:00 p.m., Monday through Friday. He also worked weekends with Mr assigned through T&N Reliable. Mr. Betanga stated that he was not sure how long Mr. had been residing at this current address.

- Mr. Betanga stated that his duties and responsibilities as an HHA for on were to assist with bathing, nail care, oral hygiene care, foot care, assist with dressing/grooming, making the bed, changing linens, assisting with meals, encouraging fluids, reminding him to take medications, laundering, shopping, and keeping him from falling down. He said that a nurse came to visit at least once a month to check his vital signs and to see if there had been any changes in his medication regimen.

- Mr. Betanga stated that he purchased food from the grocery store using 's food stamp card. When asked to present the food stamp card however, Mr. Betanga stated th was awaiting a new card and currently was a without valid card.

- Mr. Betanga stated that he did not know who received 's monthly check, and referred the surveyor to Rosemary Ogbenna (owner).

was : year old male with diagnoses that included schizophrenia NOS, lumbago, esophageal reflux and hypertension. 's POC dated 10/1/12, reflected that the RN visited 1-2 times a month to assess his clinical status, vital signs and response to medications, review the diet and provide instruction on medications. The RN also was responsible for providing instructions and supervision to the HHA. Home health services were ordered for 6 hours daily, 7 days a week for 6 months. The POC also reflected that Rosemary Ogbenna (owner) was the responsible party for n.

s medication regimen included the following:

Medication/treatment	Route	Dose	Reason
Axid	by mouth	150 mg every day	Reflux
Abilify	by mouth	20 mg daily	Schizophrenia
Hydrochlorothiazide	by mouth	25 mg daily	Hypertension
Aspirin	by mouth	81 mg one tab every day	Pain
Calcium + Vitamin D	by mouth	500 mg/200U 2 times a day	Supplement
Docusate	by mouth	100 mg daily	Stool Softener

(R) ✓

On January 31, 2013, at approximately 11:56 a.m., . , a male resident of 223 56th Pl., N.E., was interviewed while sitting on his bed. The following is a synopsis of his interview:

- m stated that he was not sure how long he had been living at this home. He could not remember who referred him to this facility. He could not recall a contact person, but recalled that he had 2 brothers which he had not talked with in a while.

-] n stated that he did not receive HHA or nursing services nor did he receive food stamps, go grocery shopping or prepare his own foods. He stated "the lady downstairs cooks for me...Mercy helped me."

- ated that he did not take medications and he did not know who handled his money. He then guessed the money went to Mercy or Rosemary. When asked if he was his own payee, n referred investigators to Rosemary Ogbenna.

"basic activities of daily living"

(5) ✓ *On January 31, 2013, at approximately 11:13 a.m.,* *ngs, a female resident of 223 56th Pl., N.E., was interviewed in her bedroom, sitting in a large chair. At the time of the interview,* *; HHA was present. The following is a synopsis of her interview:*

- When asked how long she had lived there, *s replied she had "lost track of time." When asked who had referred her to this facility, she stated that she was unsure. She stated that she had a sister who visited "once in a while." When asked, Ms was unable to state the current year or the name of the president of the United States.

- *s stated that the HHA cooked and prepared her food. She referred to her HHA as "Mercy" while nodding towards the woman sitting nearby at that time. The HHA stated that her name was Stephanie. During the course of the interview, Ms. referred to Stephanie by the name Mercy several times and each time, Stephanie gave her the correct name. On the third such instance, the HHA informed the investigator that l *, often was "confused."

- M * stated that she could not take her own medications without assistance. She stated that "Mercy brings them" to her in a weekly dispenser case and she pointed to a 7-day pill box that was on a table in her room. She and her HHA stated that she did not receive any medications that required refrigeration.

- Ms. * stated that a check came to the home and she replied "yes" when asked if she paid rent. She stated that the rent was paid by money orders, purchased at local stores. She appeared confused when asked how often she purchased the money orders for rent. M * cated "She's in charge" (which her HHA indicated was referring to Rosemary Ogbenna). Ms. *gs then stated "Rosemary hasn't taken me to a store since the changeover."

- Ms. * eplied "I haven't so far" when asked if she went to the grocery store. Ms. * also stated that she did not receive food stamps.

✓ *Stephanie Emaha, HHA for* *gs, was interviewed on January 31, 2013, at the close of the interview with* *gs. The following is a synopsis of her interview:*

- Ms. Emaha stated that she worked for T&N Reliable Nursing Care, Inc. She stated that she had been working with Ms *or approximately 3 months. Ms. Emaha stated that she did not know how M * was referred to the facility. She also had "no idea" how many residents lived there.

- Ms. Emaha stated that the "residents" did not prepare their own meals; their HHAs prepared meals. When asked if the residents washed their own dishes, she replied "no they don't." Her impression was that residents "shower independently." When asked about grocery shopping, she indicated that some residents went to the store with Rosemary Ogbenna (owner), while others went to the store alone.

- Ms. Emaha stated that her duties and responsibilities consisted of preparing food, washing dishes, assisting [redacted] to clean her room and bathroom, laundry, and taking her to medical appointments. Her shift was 9:00 a.m. – 7:00 p.m., Monday-Friday. T&N sent another HHA to assist [redacted] on Saturdays and Sundays. Ms. Emaha stated that Florence, an RN employed by T&N visited "every month" to supervise her and to assess [redacted]'s vital signs and medication regimen. A social worker also visited [redacted] "once or twice a month."

- Ms. Emaha stated that [redacted]'s medications were delivered to the home by CVS Pharmacy. Mercy, the Resident Director who was employed by Senior Dwelling, received the medications and placed them into M[redacted] 7-day pill box every week. Then, each day, Ms. Emaha transferred the medications from the box into a small medication cup. She would then hand the cup to [redacted] and observe her take her medications. [redacted] confirmed this was the medication routine.

[redacted] was a [redacted] year old female with diagnoses that included generalized weakness, confusion, hypertension, hypercholesterolemia, constipation and acid reflux. Ms. [redacted] was prescribed a low salt, low fat diet. Her POC dated September 27, 2012, reflected that the RN visited every month for assessment of all systems and supervision of the HHA. HHA services were ordered for 10 hours daily, 7 days a week for 6 months. The POC also reflected that [redacted] "lives in a group home with others and it is staffed for 24 hours a day… use of assistant device when ambulating and clear pathways of all obstructions."

[redacted]'s medication regimen included the following:

Medication/treatment	Route	Dose	Reason
Lactulose	by mouth	10g/15ml daily	Constipation
Senna	By mouth	8.6/50mg daily	Constipation
Amlodipine	by mouth	5 mg daily (hold if BP <80/50)	Hypertension
Lovastatin	by mouth	20 mg nightly	
Aggrenox	by mouth	200-250 mg twice daily	
Aspirin	By mouth	81 mg daily	
Tums	by mouth	750 mg as needed	Acid Reflux
Famotidine	by mouth	20 mg daily	
Lisinopril	By mouth	40 mg daily (hold if BP <80/50)	Hypertension